COVER PAGE

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA 2001/02 FORM 460

Page 1 **of** 29

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 01/01/2026
through 03/31/2026

Date of election if applicable: (Month, Day, Year)

1. Type of Recipient Committee: **All Committees - Complete Parts 1,2,3, and 4.**

- ☐ Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall

  (Also Complete Part 5.)
- ☐ General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- ■ Ballot Measure Committee
  - ● Primary Formed
  - ○ Controlled
  - ● Sponsored

  (Also Complete Part 6.)
- ☐ Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)

2. Type of Statement:

- ☐ Pre-election Statement
- ☐ Semi-annual Statement
- ☐ Termination Statement
- ☐ Amendment (Explain below)
- ■ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D.NUMBER
1488418

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE
CALIFORNIANS TO PROTECT RETIREMENT AND LIFE SAVINGS, SPONSORED BY BUILDING A BETTER CALIFORNIA

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	(415)389-6800

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS
FORM410@NMGOVLAW.COM

Treasurer(s)

NAME OF TREASURER
ELLI ABDOLI

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	415-389-6800

NAME OF ASSISTANT TREASURER, IF ANY
JOEL AURORA

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	415-389-6800

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 04/30/2026 (DATE) By ELLI ABDOLI (SIGNATURE OF TREASURER OR ASSISTANT TREASURER)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT)

Executed on _____ (DATE) By _____ (SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT)

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: **List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.**

COMMITTEE NAME	I.D.NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D.NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

E OF BALLOT MEASURE

PROHIBITS NEW STATE PERSONAL PROPERTY TAXES AND CERTAIN RETROACTIVE

BALLOT NO. OR LETTER	JURISDICTION	■ SUPPORT ☐ OPPOSE
	STATEWIDE	

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) Ffor which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Type or print in ink.
Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period
from 01/01/2026
through 03/31/2026

CALIFORNIA FORM 460

Page 3 **of** 29

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIANS TO PROTECT RETIREMENT AND LIFE SAVINGS, SPONSORED BY BUILDING A BETTER CALIFORNIA

I.D. NUMBER
1488418

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$27,750,000.00	$27,750,000.00
2. Loans Received	Schedule B, Line 7	$0.00	$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$27,750,000.00	$27,750,000.00
4. Nonmonetary Contributions	Schedule C, Line 3	$0.00	$0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$27,750,000.00	$27,750,000.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	$.00	$.00
21. Expenditures Made	$.00	$.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	$27,142,702.45	$27,142,702.45
7. Loans Made	Schedule H, Line 7	$0.00	$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$27,142,702.45	$27,142,702.45
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	$4,507,559.03	$4,507,559.03
10. Nonmonetary Adjustment	Schedule C, Line 3	$0.00	$0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$31,650,261.48	$31,650,261.48

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$0.00
13. Cash Receipts	Column A, Line 3 above	$27,750,000.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	$12,005.11
15. Cash Payments	Column A, Line 8 above	$27,142,702.45
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$619,302.66

If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$4,507,559.03

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Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 01/01/2026
through 03/31/2026

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIANS TO PROTECT RETIREMENT AND LIFE SAVINGS, SPONSORED BY BUILDING A BETTER CALIFORNIA

I.D. Number
1488418

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
2/20/2026	BUILDING A BETTER CALIFORNIA SAN RAFAEL, CA 94901 Committee ID: 1486767	☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		$2,750,000.00	$27,750,000.00	
2/27/2026	BUILDING A BETTER CALIFORNIA SAN RAFAEL, CA 94901 Committee ID: 1486767	☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		$9,000,000.00	$27,750,000.00	
3/13/2026	BUILDING A BETTER CALIFORNIA SAN RAFAEL, CA 94901 Committee ID: 1486767	☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		$16,000,000.00	$27,750,000.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				

SUBTOTAL $27,750,000.00

Schedule A Summary

1. Amount received this period - contributions of $100 or more.
   (Include all Schedule A subtotals.) $27,750,000.00
2. Amount received this period - unitemized contributions of less than $100 ..... $0.00
3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL** $27,750,000.00

*Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B – Part 1
Loans Received

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2026
through 03/31/2026

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIANS TO PROTECT RETIREMENT AND LIFE SAVINGS, SPONSORED BY BUILDING A BETTER CALIFORNIA

I.D. NUMBER
1488418

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				☐ PAID ☐ FORGIVEN	DATE DUE	% RATE	DATE INCURRED	CALENDAR YEAR PER ELECTION**
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				☐ PAID ☐ FORGIVEN	DATE DUE	% RATE	DATE INCURRED	CALENDAR YEAR PER ELECTION**
☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				☐ PAID ☐ FORGIVEN	DATE DUE	% RATE	DATE INCURRED	CALENDAR YEAR PER ELECTION**
	SUBTOTALS							

Schedule B Summary

1. Loans received this period. _____ _____
(Total Column (b) plus unitemized loans less than $100.)

2. Loans paid or forgiven this period _____ _____
(Total Column (c) plus loans under $100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
(may be a negative number)
Enter the net here and on the Summary Page, Column A, Line 2.

(Enter (e) on Schedule E, Line 3)

* Amounts forgiven or paid by another party also must be reported on Schedule A.

** If required.

*Contributor Codes
IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

Schedule B - Part 2
Loan Guarantors

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2026
through 03/31/2026

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIANS TO PROTECT RETIREMENT AND LIFE SAVINGS, SPONSORED BY BUILDING A BETTER CALIFORNIA

I.D. Number
1488418

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
				SUBTOTAL	Enter on Summary Page, Line 17 only.	

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Schedule C
Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE C

Statement covers period
from 01/01/2026
through 03/31/2026

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIANS TO PROTECT RETIREMENT AND LIFE SAVINGS, SPONSORED BY BUILDING A BETTER CALIFORNIA

I.D. Number
1488418

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
Attach additional information on appropriately labeled continuation sheets.				**SUBTOTAL**			

Schedule C Summary

1. Amount received this period - nonmonetary contributions of $100 or more. (Include all Schedule C subtotals.)..... _____
2. Amount received this period - unitemized nonmonetary contributions of less than $100 ..... _____
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL** _____

*Contributor Codes
IND - Individual
COM- Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D
Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2026
through 03/31/2026

CALIFORNIA FORM 460

NAME OF FILER
CALIFORNIANS TO PROTECT RETIREMENT AND LIFE SAVINGS, SPONSORED BY BUILDING A BETTER CALIFORNIA

I.D. NUMBER
1488418

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
3/12/2026	REFORM LOCAL GOVERNMENT PAC REFORM LOCAL GOVERNMENT PAC Jurisdiction: GENERAL PURPOSE COMMITTEE ■ Support ☐ Oppose	■ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure		$45,000.00	$45,000.00	
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ Independent Expenditure				
			SUBTOTAL	$45,000.00		

Schedule D Summary

1. Contributions and independent expenditures made this period of $100 or more. (Include all Schedule D subtotals.) $45,000.00

2. Unitemized contributions and independent expenditures made this period of under $100 ..... $0.00

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** $45,000.00

Schedule E
Payments Made

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2026
through 03/31/2026

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIANS TO PROTECT RETIREMENT AND LIFE SAVINGS, SPONSORED BY BUILDING A BETTER CALIFORNIA

I.D. NUMBER
1488418

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
THE MONACO GROUP SANTA ANA, CA 92705	LIT		$17,813.20
PCI CAMPAIGNS INC CALABASAS, CA 91302		SEE SCHEDULE G	$2,125,148.00
PCI CAMPAIGNS INC CALABASAS, CA 91302		SEE SCHEDULE G	$4,000,000.00

*** Payments that are contributions or independent expenditures must also be summarized on Schedule D.**

SUBTOTAL

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.)		$27,142,702.45
2. Unitemized payments made this period of under $100.		$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)		$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	**TOTAL**	$27,142,702.45

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period
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through 03/31/2026

CALIFORNIA FORM 460

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
PCI CAMPAIGNS INC CALABASAS, CA 91302		SEE SCHEDULE G	$2,754,500.00
HILLTOP PUBLIC SOLUTIONS, LLC WASHINGTON, DC 20007	CNS		$25,000.00
THE MONACO GROUP SANTA ANA, CA 92705	LIT		$61,224.33
THE MONACO GROUP SANTA ANA, CA 92705	POS		$1,347.00
THE MONACO GROUP SANTA ANA, CA 92705	LIT		$2,436.71

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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CALIFORNIA FORM 460

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I.D. NUMBER
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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP SAN RAFAEL, CA 94901	PRO	ELLI ABDOLI, COMMITTEE TREASURER, AND JOEL S. AURORA, COMMITTEE ASSISTANT TREASURER, ARE PARTNERS OF PAYEE	$35,000.00
SAN FRANCISCO EDIT SAN FRANCISCO, CA 94109	LIT		$1,521.00
CALLAHAN PUBLIC AFFAIRS, LLC SACRAMENTO, CA 95831	CNS		$50,000.00
CALLAHAN PUBLIC AFFAIRS, LLC SACRAMENTO, CA 95831		SEE SCHEDULE G	$15,330.80
REFORM LOCAL GOVERNMENT PAC SAN MARCOS, CA 92069 Committee ID: 1452276	CTB		$45,000.00

*** Payments that are contributions or independent expenditures must also be summarized on Schedule D.**

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

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FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
PCI CAMPAIGNS INC CALABASAS, CA 91302		SEE SCHEDULE G	$3,436,350.00
THE MONACO GROUP SANTA ANA, CA 92705	LIT		$31,774.17
AMPLIFIED STRATEGIES EL DORADO HILLS, CA 95762		SEE SCHEDULE G	$1,210,000.00
THE MONACO GROUP SANTA ANA, CA 92705	POS		$1,347.00
CLICK STRATEGIES WEST HOLLYWOOD, CA 90046	CNS		$25,000.00

*** Payments that are contributions or independent expenditures must also be summarized on Schedule D.**

SUBTOTAL

3147671-0

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2026
through 03/31/2026

CALIFORNIA FORM 460

NAME OF FILER
CALIFORNIANS TO PROTECT RETIREMENT AND LIFE SAVINGS, SPONSORED BY BUILDING A BETTER CALIFORNIA

I.D. NUMBER
1488418

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
AMPLIFIED STRATEGIES EL DORADO HILLS, CA 95762		SEE SCHEDULE G; ADDITIONAL G'S IN FUTURE REPORT	$3,320,000.00
SAN FRANCISCO EDIT SAN FRANCISCO, CA 94109	LIT		$1,128.00
HILLTOP PUBLIC SOLUTIONS, LLC WASHINGTON, DC 20007	CNS		$25,000.00
CLICK STRATEGIES WEST HOLLYWOOD, CA 90046	CNS		$25,000.00
THE MONACO GROUP SANTA ANA, CA 92705	LIT		$6,617.27

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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Statement covers period
from 01/01/2026
through 03/31/2026

CALIFORNIA FORM 460

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
THE MONACO GROUP SANTA ANA, CA 92705	LIT		$61,224.33
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP SAN RAFAEL, CA 94901	PRO	ELLI ABDOLI, COMMITTEE TREASURER, AND JOEL S. AURORA, COMMITTEE ASSISTANT TREASURER, ARE PARTNERS OF PAYEE	$72,034.00
PCI CAMPAIGNS INC CALABASAS, CA 91302		SEE SCHEDULE G	$3,600,450.00
PCI CAMPAIGNS INC CALABASAS, CA 91302		SEE SCHEDULE G	$3,659,550.00
THE MONACO GROUP SANTA ANA, CA 92705	LIT		$47,906.64

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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Statement covers period
from 01/01/2026
through 03/31/2026

CALIFORNIA FORM 460

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
AMPLIFIED STRATEGIES EL DORADO HILLS, CA 95762		SEE SCHEDULE G	$2,470,000.00
MCSA LLC SACRAMENTO, CA 95819	CNS		$15,000.00

*** Payments that are contributions or independent expenditures must also be summarized on Schedule D.**

SUBTOTAL $27,142,702.45

Schedule F
Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2026
through 03/31/2026

CALIFORNIA FORM 460

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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP SAN RAFAEL, CA 94901	PRO ELLI ABDOLI, COMMITTEE TREASURER, AND JOEL S. AURORA, COMMITTEE ASSISTANT TREASURER, ARE PARTNERS OF PAYEE	$0.00	$131,349.50	$0.00	$131,349.50
THE MONACO GROUP SANTA ANA, CA 92705	POS	$0.00	$5,679.00	$0.00	$5,679.00
SPECTRUM CAMPAIGNS LLC SACRAMENTO, CA 95814	CNS	$0.00	$15,000.00	$0.00	$15,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) ..... **INCURRED TOTALS** $4,507,559.03

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ..... **PAID TOTALS** $0.00

3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET** $4,507,559.03
May be a negative number.

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2026
through 03/31/2026

CALIFORNIA FORM 460

NAME OF FILER
CALIFORNIANS TO PROTECT RETIREMENT AND LIFE SAVINGS, SPONSORED BY BUILDING A BETTER CALIFORNIA

I.D. NUMBER
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NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
SPECTRUM CAMPAIGNS LLC SACRAMENTO, CA 95814	CNS	$0.00	$15,000.00	$0.00	$15,000.00
SPECTRUM CAMPAIGNS LLC SACRAMENTO, CA 95814	SEE SCHEDULE G	$0.00	$1,628.82	$0.00	$1,628.82
CALLAHAN PUBLIC AFFAIRS, LLC SACRAMENTO, CA 95831	CNS	$0.00	$50,000.00	$0.00	$50,000.00
CAPITOL DYNAMICS LLC SACRAMENTO, CA 95833	CNS	$0.00	$15,000.00	$0.00	$15,000.00
SUBTOTALS					

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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through 03/31/2026

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CAPITOL DYNAMICS LLC SACRAMENTO, CA 95833	CNS	$0.00	$15,000.00	$0.00	$15,000.00
CAPITOL MATRIX CONSULTING GOLD RIVER, CA 95670	CNS	$0.00	$10,000.00	$0.00	$10,000.00
THE MONACO GROUP SANTA ANA, CA 92705	LIT	$0.00	$2,511.71	$0.00	$2,511.71
PCI CAMPAIGNS INC CALABASAS, CA 91302	SEE SCHEDULE G; ADDITIONAL G'S IN FUTURE REPORT	$0.00	$4,245,450.00	$0.00	$4,245,450.00
SUBTOTALS					

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)

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CALIFORNIA FORM 460

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CALLAHAN PUBLIC AFFAIRS, LLC SACRAMENTO, CA 95831	SEE SCHEDULE G	$0.00	$940.00	$0.00	$940.00
	SUBTOTALS	$0.00	$4,507,559.03	$0.00	$4,507,559.03

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
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SCHEDULE G

Statement covers period
from 01/01/2026
through 03/31/2026

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIANS TO PROTECT RETIREMENT AND LIFE SAVINGS, SPONSORED BY BUILDING A BETTER CALIFORNIA

I.D. NUMBER
1488418

NAME OF AGENT OR INDEPENDENT CONTRACTOR
AMPLIFIED STRATEGIES

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
1VISION, INC. HOUSTON, TX 77095	PET			$968,000.00
1VISION, INC. HOUSTON, TX 77095	PET			$1,170,404.38
BASK DIGITAL MEDIA SAN DIEGO, CA 92101	PET			$170,650.00
L2 PLAINSBORO, NJ 08536	PET			$25,445.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $2334499.38

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

3147671-0

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period
from 01/01/2026
through 03/31/2026

CALIFORNIA FORM 460

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CALIFORNIANS TO PROTECT RETIREMENT AND LIFE SAVINGS, SPONSORED BY BUILDING A BETTER CALIFORNIA

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US POSTMASTER SANTA CLARITA, CA 91383	POS			$1,137,363.00
US POSTMASTER SANTA CLARITA, CA 91383	POS			$1,237,950.62
1VISION, INC. HOUSTON, TX 77095	PET			$508,680.00
BASK DIGITAL MEDIA SAN DIEGO, CA 92101	PET			$489,600.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $3373593.62

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3147671-0

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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CALIFORNIA FORM 460

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CALIFORNIANS TO PROTECT RETIREMENT AND LIFE SAVINGS, SPONSORED BY BUILDING A BETTER CALIFORNIA

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
URBANCOLORS DESIGN STANWOOD, WA 98292	PET			$2,500.00
URBANCOLORS DESIGN STANWOOD, WA 98292	PET			$10,000.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $12500.00

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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period
from 01/01/2026
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CALIFORNIA FORM 460

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CALIFORNIANS TO PROTECT RETIREMENT AND LIFE SAVINGS, SPONSORED BY BUILDING A BETTER CALIFORNIA

I.D. NUMBER
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NAME OF AGENT OR INDEPENDENT CONTRACTOR
CALLAHAN PUBLIC AFFAIRS, LLC

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BVB CAMPAIGNS LLC GRANITE BAY, CA 95746	WEB			$15,000.00
BVB CAMPAIGNS LLC GRANITE BAY, CA 95746	WEB			$940.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $15940.00

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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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CALIFORNIA FORM 460

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CALIFORNIANS TO PROTECT RETIREMENT AND LIFE SAVINGS, SPONSORED BY BUILDING A BETTER CALIFORNIA

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NAME OF AGENT OR INDEPENDENT CONTRACTOR
PCI CAMPAIGNS INC

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

*** Payments that are contributions or independent expenditures must also be summarized on Schedule D.**

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
BAY AREA PETITIONS SANTA CRUZ, CA 95062	PET			$166,384.00
DISCOVERY PMC SACRAMENTO, CA 95826	PET			$278,228.00
FLORIDA PETITION MANAGEMENT LLC SAINT PETERSBURG, FL 33711	PET			$1,712,680.00
JBPM, LLC LAKE ELSINORE, CA 92530	PET			$983,756.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $3141048.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

3147671-0

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE G

Statement covers period
from 01/01/2026
through 03/31/2026

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIANS TO PROTECT RETIREMENT AND LIFE SAVINGS, SPONSORED BY BUILDING A BETTER CALIFORNIA

I.D. NUMBER
1488418

NAME OF AGENT OR INDEPENDENT CONTRACTOR
PCI CAMPAIGNS INC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

*** Payments that are contributions or independent expenditures must also be summarized on Schedule D.**

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PEN TO PAPER CANVASSING, INC NEWPORT BEACH, CA 92660	PET			$1,400,072.00
PIR DATA PROCESSING INC TEMECULA, CA 92592	PET			$441,668.00
PLAIN DAN SOLUTIONS INC FELTON, CA 95018	PET			$1,240,180.00
SCMITT CONSULTING INC FRIANT, CA 93626	PET			$377,900.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $3459820.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

3147671-0

Schedule G
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SCHEDULE G

Statement covers period
from 01/01/2026
through 03/31/2026

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NAME OF AGENT OR INDEPENDENT CONTRACTOR
PCI CAMPAIGNS INC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

*** Payments that are contributions or independent expenditures must also be summarized on Schedule D.**

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
VOTER DIRECT INC FRIANT, CA 93626	PET			$873,812.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $873812.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

3147671-0

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
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SCHEDULE G

Statement covers period
from 01/01/2026
through 03/31/2026

CALIFORNIA FORM 460

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CALIFORNIANS TO PROTECT RETIREMENT AND LIFE SAVINGS, SPONSORED BY BUILDING A BETTER CALIFORNIA

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1488418

NAME OF AGENT OR INDEPENDENT CONTRACTOR
SPECTRUM CAMPAIGNS LLC

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

*** Payments that are contributions or independent expenditures must also be summarized on Schedule D.**

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SOUTHWEST AIRLINES DALLAS, TX 75235	TRS			$882.80

Attach additional information on appropriately labeled continuation sheets.

TOTAL* $882.80

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2026
through 03/31/2026

CALIFORNIA FORM 460

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I.D. NUMBER
1488418

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID FORGIVEN DATE DUE		% RATE DATE INCURRED		CALENDAR YEAR PER ELECTION**
				☐ PAID FORGIVEN DATE DUE		% RATE DATE INCURRED		CALENDAR YEAR PER ELECTION**
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.	SUBTOTALS					(Enter (e) on Schedule I, Line 3)		

Schedule H Summary

1. Loans made this period ..... _____
(Total Column (b) plus unitemized loans less than $100.)

2. Payments received on loans ..... _____
(Total Column (c) plus unitemized payments less than $100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET** _____
(May be a negative number)
(Enter the net here and on the Summary Page, Column A, Line 7.)

** If Required

Schedule I
Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE I

Statement covers period
from 01/01/2026
through 03/31/2026

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
CALIFORNIANS TO PROTECT RETIREMENT AND LIFE SAVINGS, SPONSORED BY BUILDING A BETTER CALIFORNIA

I.D. NUMBER
1488418

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
3/31/2026	BANK OF MARIN CORTE MADERA, CA 94925	INTEREST EARNED	$79.49
3/31/2026	BANK OF MARIN CORTE MADERA, CA 94925	INTEREST EARNED	$11,312.85
2/27/2026	BANK OF MARIN CORTE MADERA, CA 94925	INTEREST EARNED	$54.80
2/27/2026	BANK OF MARIN CORTE MADERA, CA 94925	INTEREST EARNED	$557.97

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $12,005.11

Schedule I Summary

1. Increases to cash of $100 or more this period..... $12,005.11
2. Unitemized increases to cash under $100 this period..... $0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... $0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** $12,005.11

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